Case Report: Godoy & Godoy method of cervical lymphatic therapy – indirect evaluation of the effect of the duration of stimulation on ocular edema [version 1; peer review: 1 approved]

Jose Maria Pereira de Godoy 1, Henrique Jose Pereira de Godoy2, Ana Carolina Pereira de Godoy3, Maria de Fatima Guerreiro Godoy4

1Cardiology and Cardiovascular Surgery, Faculdade de Medicina de Sao Jose do Rio Preto, Sao Jose do Rio Preto, Sao Paulo, 15020010, Brazil
2General Surgery, Faculdade de Medicina de Sao Jose do Rio Preto, Sao Jose do Rio Preto, Sao Paulo, 15020010, Brazil
3Cardiology, Faculdade de Medicina de Sao Jose do Rio Preto, Sao Jose do Rio Preto, Sao Paulo, 15020010, Brazil
4Rehabilitation, Clinica Godoy, Sao Jose do Rio Preto, Sao Paulo, 15020010, Brazil

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Abstract

The aim of the present case-report study is to describe the indirect assessment evaluation of cervical stimulation on considering the effect of the duration of the stimulus on the control of intraocular pressure in a patient with bilateral glaucoma with relevant important ocular edema. Furthermore, we examined the variability of the outcomes with regards to the duration of the manual therapy. A 47-year-old woman reported the onset of pain and bilateral tearing in the eyes at 35 years of age and was diagnosed with glaucoma. The patient began clinical-conventional treatment, but intraocular pressure remained 35 to 40 mmHg even with the use of four eye medications in the form of eyedrops. The patient reported that her vision remained was always blurred despite the use of the eyedrops. The patient was subsequently submitted to the Godoy & Godoy method of cervical lymphatic manual therapy to reduce the facial edema. The ophthalmologist measured her intraocular pressure was measured every two or and three days. It was found that the pressure was maintained below 20 mmHg when lymphatic therapy was performed every two days, but intraocular pressure increased and the vision became blurred again when therapy was performed every three days. In conclusion through the Godoy & Godoy method of cervical lymphatic therapy it was possible to constitutes a novel lymphatic system stimulation strategy that maintains lower intraocular pressure in a glaucoma patient; this effect lasted its effect on intraocular pressure for approximately 48 hours, as demonstrated through an indirect evaluation.

Keywords

Ophthalmology, Godoy & Godoy method, lymphatic therapy, glaucoma

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version 1
Introduction

The Godoy & Godoy method of cervical lymphatic therapy is a novel manual lymphatic stimulation concept developed in recent years based on the adaptation of the manual lymphatic drainage technique using linear movements for the treatment of facial lymphedema.\textsuperscript{1–3} The method emerged from the development of a novel therapeutic option that did not involve manual drainage in the region of the carotid body to avoid the complications of its stimulation. The strategy was to drain
only below the midline of the neck. However, during the treatment of a patient with cervical clearance and an ulcerated lesion below the midline with intense fibrosis, the option was to perform by means of small sliding movements in this region and. This was initially an attempt to perform linear drainage with short elongation of the skin. The following day, the patient reported improvements in both pain and neck mobility and had slept better. This information led to the decision to perform the technique 15 to 20 minutes per day. The improvement was continuous over the subsequent days, with the clinical reversal of the fibrosis, which led to an improvement in the quality of life of this patient.2

A few specific cases of facial, mouth and eye edema were previously treated with this method, achieving positive outcomes. Another patient with cervical clearance who was unable to close their mouth and required the use of a nasogastric tube was treated daily. After three months, the child began to eat and a dental prosthesis was adapted, leading to an improvement in quality of life. Another patient with facial edema who was unable to open the eyes and the tongue did not fit in the mouth was submitted to three days of treatment; the child was evaluated on the fifth day, at which time the patient was able to open and close the eyes and the tongue had reduced in size.3 Furthermore, based on these observations, the results of this method as monotherapy for upper and lower limb lymphedema were successfully applied/evaluated as well. A two-year evaluation of this cervical method as monotherapy revealed improvement in all patients.4 The assessment of this method as monotherapy for upper limb lymphedema was then performed5 Interestingly, and a report of long term (10 years) the results of this protocol in congenital lymphedema after ten years of follow-up was recently published.6 Several studies combining this method with other forms of treatment for lymphedema have been conducted over the years.7 The aim of the present study is to report the indirect evaluation of cervical stimulation considering the effect of the duration of the stimulus on the control of intraocular pressure in a patient with bilateral glaucoma with concomitant relevant important ocular edema.

Case report

A 35-year-old woman (white, photographer) reported in January 2009, the onset of pain and bilateral tearing in the eyes at 35 years of age and she was diagnosed with glaucoma. The patient began conventional clinical treatment, with little benefit and but intraocular pressure remained in the level of 35 to 40 mmHg, even with the use of four eye medications in the form of drops. She also consulted sought 13 ophthalmologists to assess the possibility to undergo surgery for her glaucoma, but the excessive edema was considered a contraindication, none was willing to perform surgery due to the excessive edema. When she was 36 At 36 years of age, the patient presented to our clinic with the patient sought a clinic for the treatment of lower limb varicose veins. CEAP C2 and EYE hyperemia and with periorbital edema.
were findings that drew the attention of the health team. The patient reported a that her blurred vision vision was always blurred despite the use of the eye drops (Figure 1). Hence, the patient was submitted to the Godoy & Godoy method of cervical manual lymphatic therapy to reduce the edema (Figure 2), which resulted in an improvement since the first session. The therapy consisted of gentle stretching elongating movements of approximately 0.5 cm on the skin surface, supraclavicular neck, at a rate of 30 movements per minute, for 20 minutes per day (Figure 3).

The patient improved her sight began to see better and she referred no more a no longer had blurred vision beginning with the first session. In an initial phase, cervical lymphatic therapy was performed daily and subsequently every other day. Together with the clinical improvement, the ophthalmologist recorded a decrease of the patient's vision was no longer blurred. Intraocular pressure to the value of was reduced to less than 20 mmHg and the pharmacological treatment was reduced to ophthalmologist reduced the prescription to two medications. Periorbital edema and hyperemia were normalized.

When interrupting the treatment During one weekend, the patient experienced a clinical worsening again. Once re-started the treatment protocol the vision became blurred again. The patient had spent three days without undergoing therapy. We asked the ophthalmologist was asked to measure her intraocular pressure after each treatment every two and three days. It was found that We found that the pressure was maintained below 20 mmHg when the lymphatic therapy was performed every two days, but intraocular pressure increased and the vision became blurred when therapy was performed every three days.

The patient was followed up at the clinic for two years, until when she was submitted able to surgery for her glaucoma, find an ophthalmologist to perform glaucoma surgery. Ocular pressure consequently reduced to 7 to 8 mmHg in both eyes and remained at this level. However, even after surgery, the vision deteriorated became blurred again afterwards, which led us to reiterate was improved with cervical lymphatic therapy achieving a clinical improvement.

In conclusion the application of cervical lymphatic manual therapy in a glaucoma patient proved effective to maintain intraocular pressure under control controlled for 48 hours; similarly, but surgery resulted in brought a longermore lasting benefit, though complementary manual therapy can be equally indicated.
to improve the surgical outcomes furthermore.

This study received approval from the institutional review board of the São Jose do Rio Preto School of Medicine (reference number 4.962.509), and the patient signed a consent form.

Discussion

The present study is an indirect way of evaluating the Godoy & Godoy method of manual cervical stimulation, which is currently denominated the Godoy & Godoy method of cervical lymphatic therapy. This specific treatment proved effective to improve eye vision in our glaucoma patient. Improvement in vision with the first session drew the attention of the researchers, who then performed therapy on the patient 15 to 20 minutes per day, leading to the disappearance of the blurred vision. In order to quantify also the possible results of this method on the intraocular pressure, specific measurements were performed and showed a decrease. The initial question was how to quantify these results. However, the ophthalmologist noted an improvement in intraocular pressure from approximately 40 mmHg to less than 20 mmHg. The patient could also discontinue two of her medications and, with the reduction from four eye medications to two.

Daily therapy led to the maintenance of non-blurred vision, except when the patient performed physical effort, which led to an increase in intraocular pressure. It was also noted that another important observation was the fact that the patient’s vision typically deteriorated became blurred when she spent three days without cervical lymphatic therapy and improved again when receiving the therapy again. Hence turning to therapy. Thus, the decision was made to standardize the ocular evaluation every two and three days. The ophthalmologist’s examinations revealed that, which revealed that the vision and intraocular pressure variations depended on the frequency with which the lymphatic therapy was performed; overall this suggests normal vision was maintained for two days and became blurred on the third day due to the increase in intraocular pressure, suggesting that cervical lymphatic therapy maintains the results for approximately 48 hours. Therefore, this is a novel form of stimulating the lymphatic system may maintain that maintains its effects for 48 hours and one. One of the hypotheses is that the induced longer-lasting neurological stimulus may contribute to this effect.

This experiment was conducted several times over a two-year period until the patient was able to undergo glaucoma surgery. However, her vision frequently becomes blurred and improves with cervical lymphatic therapy, which was initially required more often and is currently only needed sporadically. Overall, the Godoy & Godoy method of cervical manual lymphatic therapy constitutes a novel strategy to induce lymphatic system stimulation which maintains its effect on intraocular pressure for approximately 48 hours, as demonstrated through an indirect evaluation. Further studies are needed to
confirm more lasting benefit in and for similar cases.

Data availability
All data underlying the results are available as part of the article and no additional source data are required.

Consent
Written informed consent for publication of their clinical details and clinical images was obtained from the patient.

References


